



## 2014 Freestanding Ambulatory Surgery Center Survey

### Part A : General Information

#### 1. Identification

UID:ASC026

**Facility Name:** Coliseum Same Day Surgery Center

**County:** Bibb

**Street Address:** 340 Hospital Drive

**City:** Macon

**Zip:** 31217-3895

**Mailing Address:** PO Box 6154

**Mailing City:** Macon

**Mailing Zip:** 31217-8002

#### 2. Report Period

Report Data for the full twelve month period, January 1, 2014 - December 31, 2014 (365 days).

***Do not use a different report period.***

Check the box to the right if your facility was **not** operational for the entire year.

If your facility was **not** operational for the entire year, provide the dates the facility was operational.

### Part B : Survey Contact Information

*Person authorized to respond to inquiries about the responses to this survey.*

**Contact Name:** Dede Fowler

**Contact Title:** Assistant CBO Director

**Phone:** 706-868-3146

**Fax:** 866-741-2968

**E-mail:** Deirdre.Fowler@HCAHealthcare.com

## Part C : Ownership, Operation and Management

### 1. Ownership, Operation and Management

As of the last day of the report period, indicate the name of the legal entities which own/operate the facility if applicable or the name of the physician(s) in ownership of the center. Using the drop-down menus, select the organization type. If the category is not applicable, the form requires you only to enter Not Applicable in the legal name field. You must enter something for each category.

#### A. Facility Owner

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Coliseum Same Day Surgery Center, LP	For Profit	12/06/1999

#### B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Macon Healthcare, LLC	For Profit	12/6/1999

#### C. Facility Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Coliseum Same Day Surgery Center, LP	For Profit	12/6/1999

#### D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Macon Healthcare, LLC	For Profit	12/6/1999

#### E. Management Contractor

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
n/a	Not Applicable	9/9/99

#### F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
n/a	Not Applicable	9/9/99

#### G. Physician Owner(s) (List all if owned jointly)

Full Name	License Number
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## Part D : Ambulatory Surgery Rooms, Procedures and Patients

### **1A. Rooms, Procedures and Patients in CON-Authorized or Licensed Operating Procedure Rooms**

An operating procedure room is a procedure room or area of the ambulatory surgical treatment center in which surgical procedures are performed and that is licensed as a procedure room by the Department of Community Health pursuant to Rule 111-8-4-.01.

Room Type	Number of Rooms	Number of Procedures	Number of Patients
Operating Procedure Rooms	3	3,216	3,216

### **1B. Other Nonoperating/Procedure Rooms**

If applicable, provide rooms, procedures and patients for other rooms at your facility where procedures are performed, but that are not licensed as operating rooms.

Room Type	Number of Rooms	Number of Procedures	Number of Patients
Endoscopy Procedure Rooms	0	0	0
Minor Procedure Rooms	1	49	49
Other Procedure Rooms	1	488	488

### **2. Ambulatory Surgery Patients Admitted to Hospital**

How many patients if any, were admitted to a hospital before completion of or immediately following ambulatory surgery?

18

### **3. Ambulatory Patients by Race/Ethnicity**

Report the number of unduplicated patients who received ambulatory surgery by race/ethnicity category and provide the total number of ambulatory surgical procedures by race/ethnicity.

Race/Ethnicity	Number of Patients	Number of Procedures
American Indian/Alaska Native	0	0
Asian	17	17
Black/African American	860	860
Hispanic/Latino	9	9
Pacific Islander/Hawaiian	0	0
White	2,151	2,151
Multi-Racial	5	5
Unknown	174	174
<b>Total</b>	<b>3,216</b>	<b>3,216</b>

#### 4. Ambulatory Patients by Gender

Report the number of patients by gender served during the report period along with the total number of procedures by gender.

Gender	Number of Patients	Number of Procedures
Male	1,279	1,279
Female	1,937	1,937
<b>Total</b>	<b>3,216</b>	<b>3,216</b>

### Part E : Ambulatory Surgical Procedures, Licensed Specialty and Services

#### 1. Top Ten Procedures

Of the total procedures reported in Part D, provide the top ten procedures (volume-wise) performed within your facility by CPT Code, Procedure Name, Number of Procedures and Average Charge for Procedure.

CPT Code	Procedure Name	Number of Procedures	Average Charge
66984	Cataract removal with insertion of lense	840	6,336.00
52356	Cystourethroscopy with lithotripsy with ureteral stent	59	7,755.00
36561	Insertion of central venous device subcut port	57	3,459.00
58563	Hysteroscopy with endometrial ablation	55	11,088.00
58558	Hysteroscopy wiith biopsy of endometrium	156	9,486.00
15823	Blepharoplasty with excessive skin	125	3,024.00
52332	Cystourethroscopy with insertion of indwelling ureteral stent	105	8,839.00
50590	Lithotripsy	72	22,609.00
58670	Laparoscopy with fulguration of oviducts	70	8,944.00
67904	Repair blepharoptosis levator resection or advancement	69	6,105.00

#### 2. Licensed Specialty and Services Provided

Report the licensed specialty of the ambulatory surgery center and the services provided.

**Specialty(ies)(As indicated on the Healthcare Facility Regulation Division or Office of Regulatory Services permit):**

Podiatry, ENT, Ophthalmology, OB/GYN, Urology, Oral, Orthopaedic, Neurology, Plastic and Reconstructive Surgery, General Surgery, Pain Management, Dermatology and Endoscopy/Gastroenterology

**Services Provided:**

Ambulatory Surgery Services

## Part F : Utilization & Revenue by Payer Source for Ambulatory Surgery Services

### 1. Utilization by Payer Source

Please report the number of patients and procedures, Gross Patient Revenue, and Net Patient Revenue during the report period according to Payer Source. Please note that the Total Gross and Net Revenue columns should balance to Gross and Net Revenue reported in Part G.

Payer Source	Patients	Procedures	Gross Revenue	Net Revenue
Medicare	1,758	1,758	13,494,769	1,682,106
Medicaid	256	256	2,136,874	215,092
PeachCare for Kids	0	0	0	0
Third Party	1,537	1,537	14,522,800	3,122,543
Self Pay	66	66	652,369	178,022
Other Payer	136	136	320,348	73,406
<b>Total</b>	<b>3,753</b>	<b>3,753</b>	<b>31,127,160</b>	<b>5,271,169</b>

### 2. Indigent/Charity Care

Provide the number of ambulatory surgery patients and procedures for patients who were income tested as indigent or charity care cases. Refer to the definitions of indigent and charity care in the instructions.

Category	Number of Patients	Number of Procedures
Indigent	0	0
Charity	246	246
<b>Total</b>	<b>246</b>	<b>246</b>

## Part G : Financial Summary and Indigent and Charity Care Information

### 1. Indigent and/or Charity Care Policy

Check the box to the right if the agency had a formal written policy or written policies concerning the provision of indigent and/or charity care during 2014.

If you indicated yes above, please indicate the effective date of the policy or policies.

01/22/2014

### 2. Person Responsible

Please indicate the name and title or position held by the person most responsible for adherence to or interpretation of the policy or policies you will provide the department.

Dede Fowler, Assistant CBO Director

### 3. Charity Care Provision

Check the box if the policy or policies included provision for the care that is defined as charity.

### 4. Financial Table

Please complete the following financial table for the 2014 calendar year. Please note that Total Uncompensated Indigent and Charity Care Charges (automatically calculated by the web form) should not exceed Gross Indigent and Charity Care Charges.

Revenue or Expense	Amount
Gross Patient Revenue	31,127,160
Medicare Contractual Adjustments	11,759,765
Medicaid Contractual Adjustments	1,840,500
Other Contractual Adjustments	11,370,557
<b>Total Contractual Adjustments</b>	<b>24,970,822</b>
Bad Debt	145,149
Indigent Care Gross Charges	0
Indigent Care Compensation	0
<b>Uncompensated Indigent Care (Net)</b>	<b>0</b>
Charity Care Gross Charges	740,020
Charity Care Compensation	0
<b>Uncompensated Charity Care (Net)</b>	<b>740,020</b>
Other Free Care	0
<b>Total Net Patient Revenue</b>	<b>5,271,169</b>
Other Revenue	1,046
<b>Total Net Revenue</b>	<b>5,272,215</b>
Total Expenses	4,329,534
<b>Adjusted Gross Revenue</b>	<b>17,382,792</b>
<b>Total Uncompensated I/C Care</b>	<b>740,020</b>
<b>Percent Uncompensated Indigent/Charity Care</b>	<b>4.26%</b>

## Part H : Accreditation

Indicate below if your ambulatory surgery center is accredited and if so indicate for each agency as applicable.

- A) American Association of Ambulatory Care?
- B) American Association for Accreditation of Plastic Surgery Facilities?
- C) Joint Commission for Accreditation of Healthcare Organizations (JCAHO)?
- D) Accreditation Association for Ambulatory Health Care (AAAHC)?
- E) Accreditation Association for Ambulatory Health Care (AAAHC)?
- F) Other?

Specify other organizations that accredit your facility in the space below.

## Part I : Patient Origin of Ambulatory Surgery Patients in the Surgical Center

### 1 Patient Origin

Please report the county of origin for the patients treated in the surgical center.

County	Patients
Alabama	1
Atkinson	1
Baldwin	94
Ben Hill	3
Bibb	1513
Bleckley	51
Butts	12
Calhoun	1
Clayton	2
Clinch	1
Coffee	2
Colquitt	1
Cook	3
Crawford	27
Crisp	1
DeKalb	1
Dodge	37
Dooly	18
Dougherty	2
Early	1
Emanuel	4
Fayette	1
Florida	5
Forsyth	1
Grady	1
Greene	3
Gwinnett	1
Hancock	9
Henry	4
Houston	400
Irwin	1
Jasper	17
Jeff Davis	4
Jefferson	3
Johnson	9
Jones	190
Lamar	22
Laurens	113
Lowndes	1



Macon	14
Monroe	137
Montgomery	3
Morgan	2
Newton	10
Other- Out of State	3
Peach	128
Pike	8
Pulaski	40
Putnam	26
Rabun	1
Schley	1
Spalding	2
Sumter	10
Taylor	21
Telfair	15
Thomas	1
Tift	7
Toombs	5
Treutlen	9
Troup	3
Turner	3
Twiggs	67
Upson	26
Ware	1
Washington	18
Webster	1
Wheeler	3
Wilcox	13
Wilkinson	74
Worth	3
<b>Total</b>	<b>3,216</b>

## Part J : Ambulatory Surgery Center Workforce Information

### 1. Budgeted FTE

Please report the number of budgeted fulltime equivalents (FTEs) and the number of vacancies as of 12-31-2014.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Registered Nurses (RNs Advanced Practice)	22.30	0.00	0.00
Licensed Practical Nurses (LPNs)	0.00	0.00	0.00
Aides/Assistants	0.00	0.00	0.00
Allied Health Therapists	3.00	0.00	0.00

### 2. Filling Vacancies

Please enter the average time needed during the past six months to fill each type of vacant position.

Type of Vacancy	Average Time Needed to Fill Vacancies
Registered Nurse	30 Days or Less
Licensed Practical Nurse	Not Applicable
Aides/Assistants	Not Applicable
Allied Health Therapists	30 Days or Less

## Electronic Signature

Please note that the survey WILL NOT BE ACCEPTED without the authorized signature of the Chief Executive Officer or Executive Director (principal officer) of the facility. The signature can be completed only AFTER all survey data has been finalized. By law, the signatory is attesting under penalty of law that the information is accurate and complete.

*I state, certify and attest that to the best of my knowledge upon conducting due diligence to assure the accuracy and completeness of all data, and based upon my affirmative review of the entire completed survey, this completed survey contains no untrue statement, or inaccurate data, nor omits requested material information or data. I further state, certify and attest that I have reviewed the entire contents of the completed survey with all appropriate staff of the facility. I further understand that inaccurate, incomplete or omitted data could lead to sanctions against me or my facility. I further understand that a typed version of my name is being accepted as my original signature pursuant to the Georgia Electronic Records and Signature Act.*

Authorized Signature: Kay Buxton

Date: 3/6/2015

Title: Administrator

Comments:

As stated in the previous years, the following continues to apply to reporting as requested by the ASC Survey. As a general rule, surgery centers do not keep separate data for OR patients versus Procedure Room Patients. The breakout of this data for the survey is at best very difficult, if not impossible, to report accurately for every surgery center in the state. Patients are reported as being the same as procedures since it is not possible for HCA facilities to track data using the DHP definition distinguishing patients and procedures. Patients and procedures are reported in the same way for all HCA facilities, since all use the same data system.